### CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

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The of Canadate 1010 W. Wallson	
Address P. O. Box 1767 Hattiesburg, MS 39403	County_Forrest
Tolophone (18/o-la) CO1 F/F 10-1	(Fax) 601-582-4293
Contact Name Percy W. WatsonEmail Address pwats	. ,
Office Sought State Representative District 100	Political Party Democratic
Check here if above is different from previous report	
TYPE OF REPORT  CHECK THE CATEGORY OF REPORT YOU ARE	SUBMITTING -
October 28, 2008 Pre-Election Report (January 1, 2008, through Octob	ner 25 200B)
November 18, 2008 Pre-Runoff Report (October 26, 2008, through Nover	mber 15, 2008)Runoff Candidators
X January 31, 2009 Annual Report (January 1, 2008, through December	31 2008) Mandaton:
Termination Report (Candidate will no longer accept contributions or make expenditures and has no outstanding campaign debt or obligations.)	campaign Required to terminate reporting obligations
<ul> <li>(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. It office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the dead.</li> <li>(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.r. FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such a REPORTED CONTRIBUTIONS AND DISBUTED.</li> </ul>	f the deadline falls on a weekend or a holiday, the dilne. Faxed reports are acceptable.  In on the day of the election must be reported by activity.
(idea maille and a second	
tal amount of contributions \$	his Period Calendar year-to-date
77,792.52 870.00 78,66	
54,333.25 8,261.72 62,59	02,374.71
Total amount of cash on hand \$ 27,47	
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et, seq. for statutory requirements.  Penalties: Fallure to submit required reports or fallure to submit reports in accordance with statutory des result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §6 23-15-811 and 813	Nuany 30, 2009
<ol> <li>Candidates for statewide, state district, multi-county and all legislative of Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, M 601-576-2819.</li> <li>Candidates for countywide and county district offices should return form</li> </ol>	ffices should return form to Delbert S 39205 or fax to 601-359-1499 or



Page	2	of	33	
W. BEE	***	U.		

Reporting period January 1, 2008 through December 31, 2008

Full name	(Mo., Day, Year)  06 / 30 / 08  / /  / /  Aggregate year-to-date  (Mo., Day, Year)  07 / 01 / 08  / /  / /	s 500.00 \$ 500.00 \$ \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$
Mailing Address  321 Heritage Point Drive City, State, Zip Code  Simpsonville, SC 29681  Name of Employer (Required)  United Health Group Occupation (Required)  B. Source: Corporation PAC (X Individual D Loan  Other (please specify)  Full name W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205	///	\$ 500.00 \$ \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$
321 Heritage Point Drive City, State, Zip Code Simpsonville, SC 29681 Name of Employer (Required) United Health Group Occupation (Required)  B. Source: Corporation PAC (X Individual Decan Other (please specify)  Full name W. B. Consolidated MaRling Address 770 North West Street City, State, Zip Code Jackson, MS 39205	//	\$ 500.00 Amount of each receipt this period \$ 1,000.00
City, State, Zip Code  Simpsonville, SC 29681  Name of Employer (Required)  United Health Group Occupation (Required)  B. Source: Corporation PAC (X Individual Decan Decape Composition Decape Composition Decape Composition Decape Dec	//	\$ 500.00 Amount of each receipt this period \$ 1,000.00
Simpsonville, SC 29681  Name of Employer (Required)  United Health Group Occupation (Required)  B. Source: Corporation PAC (X Individual Decan Decay (Please specify)  Full name W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205	Aggregate year-to-date  Date (Mo., Day, Year)  07 / 01 / 08	\$ 500.00 Amount of each receipt this period \$ 1,000.00
Name of Employer (Required)  United Health Group Occupation (Required)  B. Source: Corporation PAC (X Individual D Loan  Other (please specify)  Full name W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205	Aggregate year-to-date  Date (Mo., Day, Year)  07 / 01 / 08	\$ 500.00 Amount of each receipt this period \$ 1,000.00
United Health Group Occupation (Required)  B. Source: Corporation PAC (X Individual D Loan  Other (please specify)  Full name W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205	Aggregate year-to-date  Date (Mo., Day, Year)  07 / 01 / 08	\$ 500.00  Amount of each receipt this period  \$ 1,000.00
B. Source: Corporation PAC (X Individual Decan Other (please specify)  Full name W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205	Aggregate year-to-date  Date (Mo., Day, Year)  07 / 01 / 08	\$ 500.00  Amount of each receipt this period  \$ 1,000.00
B. Source: Corporation PAC (X Individual Decan Other (please specify)  Full name W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205	Date (Mo., Day, Year)  07 / 01 / 08	500.00 Amount of each receipt this period \$ 1,000.00
Full name W. B. Consolidated Mailing Address 770 North West Street City, State, Zip Code Jackson, MS 39205	Date (Mo., Day, Year)  07 / 01 / 08	500.00 Amount of each receipt this period \$ 1,000.00
Full name W. B. Consolidated Mailing Address 770 North West Street City, State, Zip Code Jackson, MS 39205	Date (Mo., Day, Year) 07 / 01 / 08	Amount of each receipt this period  \$ 1,000.00
Full name W. B. Consolidated Mailing Address 770 North West Street City, State, Zip Code Jackson, MS 39205	(Mo., Day, Year)  07 / 01 / 08 //	receipt this period \$ 1,000.00
Full name W. B. Consolidated Mailing Address  770 North West Street City, State, Zip Code Jackson, MS 39205	07 / 01 / 08	\$ 1,000.00
W. B. Consolidated  Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205		\$ 1,000.00
Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205		1,000.00
Mailing Address  770 North West Street City, State, Zip Code  Jackson, MS 39205		\$
770 North West Street City, State, Zip Code Jackson, MS 39205	· · · · · · · · · · · · · · · · · · ·	
City, State, Zip Code  Jackson, MS 39205	· · · · · · · · · · · · · · · · · · ·	\$
Jackson, MS 39205	_'_'_	\$
Jackson, MS 39205 Name of Employer (Required)	_'_'_	
Name of Employer (Required)		
		4
	//	\$
Occupation (Required)	0.000.001	
	Aggregate year-to-date	1,000.00
C. Source: Corporation PAC Mindividual Loan	year-to-date	
The state of the s	Date	Amount of each
□ Other (please specify) (	(Mo., Day, Year)	receipt
Full name		this period
	07/07/08	\$
Hon, Paul T. Benton	01, 21, 20	1,000.00
	1 1	\$
P. O. Box 1341	''	
City, State, Zip Code		\$
Biloxi. MS 39533	<u>_'_'</u>	
Name of Employer (Required)		\$
SMANN-ACTION AND ACTION ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION ACTI	'	Ψ
Occupation (Required)	Aggregate	\$
Attorney	year-to-date	1,000.00
D. Source: Groporation X PAC Individual Loan	7 10 44125	
	Date	Amount of each receipt
□ Other (please specify) (I	Mo., Day, Year)	this period
Full name		
Mississippi Manufacturers Association	<u>07 / 03 / 08  </u>	\$ 250.00
Mailing Address		20,00
720 North President Street		\$
City, State, Zip Code		
Jackson, MS 39202	11	\$
Name of Employer (Required)		
	//	\$
Occupation (Required)	Aggenerate	
Shermada Parish (Albarrash Parish Par	Aggregate year-to-date	\$ 250.00

Page	3	20	33	
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Reporting period January 1, 2008 through December 31, 2008

A. Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name T.L. Wallace Construction, Inc.	07 / 11 / 08	\$ 1,000.00
Mailing Address P. O. Box 523		\$
City, State, Zip Code		
Columbia, MS 39429 Name of Employer (Required)		\$
		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: ▼Corporation □ PAC □ Individual □ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Buddy Medlin & Associates, Inc.	<u>07 / 11 / 08</u>	\$ 250.00
1009 North West Street		\$
City, State, Zip Code		S
Jackson, MS 39202-2570 Name of Employer (Required)	''_	
		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: □ Corporation □ PAC 🔀 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
uli name	07 /19 /00	\$ 0
. Holt McMullan Mailing Address	07/18/08	250.00
O_Box 1071  City, State, Zip Code		\$
attiesburg. MS 39403-1071		\$
lame of Employer (Required)		S
occupation (Required)	Aggregate year-to-date	\$ 250.00
Source: Corporation PAC Nindividual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
ake Middleton	07 / 23 / 08	\$ 250.00
alling Address O. Box 1185		\$
atchez, MS 39121		\$
ame of Employer (Required)	1 1	\$
tv of Natchez, MS	1 /_ /	

Page	4	of	33.	
2.5			77	

Reporting period January 1, 2008 through December 31, 2008

A. Source: CCorporation PAC Individual Llaan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Beau Rivage Resort & Casino	<u>07 / 18 / 08</u>	1,000.00
P. O. Box 7325		\$
City, State, Zip Code Biloxi, MS 39540		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	I \$
B. Source: ☐ Corporation ☐ PAC X) Individual ☐ Loan	year-to-date	1,000.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Danny E. Cupit Mailing Address	07_/_18/_08	\$ 250.00
P. O. Box 22929 City, State, Zip Code		\$
Jackson, MS 39225		\$
5005. NAC 17. SASSESS - SANCEROR	_ / /	\$
Occupation (Required)	Aggregate	\$
Source: Corporation PAC Individual Loan	year-to-date	250.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Sovernment Consultants, Inc.	07 /18 /08	\$ 1,000.00
830 Crane Ridge Drive	, ,	\$
ity, State, Zip Code Jackson, MS 39216-4901		\$
ame of Employer (Required)		
ccupation (Required)		\$
Cause T.C.	Aggregate year-to-date	\$ 1,000.00
Source:   Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
iname ississippi Speech-Language Hearing Assc.	-	this period
alling Address . O. Box 22664		\$ 250.00
ly, State, Zip Code	'	\$
ackson, MS 39225-2664 me of Employer (Required)	''	\$
cupation (Required)		5
opposen (reduited)	Aggregate ;	250.00

Page	5	of	33-	

Reporting period January 1, 2008 through December 31, 2008

A Source: Commenter - Die Commenter		
A. Source: □ Corporation □ PAC Cylindividual □ Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	
	-	\$
Paul H. "Bud" Holmes Mailing Address	07_/18_/08_	250.00
135 HDR Lane		\$
City, State, Zip Code		
Petal, MS 39465		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	5
B. Source: ▼ Corporation □ PAC □ Individual □ Loan	year-to-date	250.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	(INO., Day, Teal)	this period
IMS Engineers	07 /18 /08	\$ 1,000,00
Mailing Address		1,000.00
126 Amite Street	_/_/	49
City, State, Zip Code		\$
Jackson, MS 39201		) <b>3</b>
lame of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	1,000.00
Source: Corporation DPAC   Individual   Loan		Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
uli name	_	
AS Hospitality & Restaurant Assn., PAC	<u>07 /18 /08</u>	\$ 1,000.00
30 Riverview Drive, Suite C		\$
Towood, MS 39232	1 1	\$
ame of Employer (Required)		
		\$
ccupation (Regulred)	Aggregate	\$ 1,000,00
Source: CXCorporation   PAC   Individual   Loan	year-to-date	1,000.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
all name		this period
orth Thomas Consultants	0Z_/18_/08_	\$ 1,000.00
O. Box 774		\$
ty, State, Zip Code		
ackson, MS 39205 Ime of Employer (Required)	''_	\$
		\$
ccupation (Required)		5
	year-to-date	1,000.00

Page	6	of	33	

Reporting period <u>January 1, 2008</u> through <u>December 31, 2008</u>

ITEMIZED RECEIPTS

A. Source: □ Corporation □ PAC ☆Individual □ Loan	LIL 12	
	Date	Amount of each
Other (please specify)	(Mo., Day, Yea	
Warren Hood, Jr. Mailing Address	<u>07/18/0</u>	
3900 Jamestown Rd. City, State, Zip Code		\$
Hattiesburg, MS 39402		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
B. Source: X <sup>□</sup> Corporation □ PAC □ Individual □ Loan	year-to-date Date	Amount of each
Uname Other (please specify)	(Mo., Day, Year)	receipt this period
BancorpSouth Mailing Address	07/18 /08	1.000.00
P. O. Box 789		\$
City, State, Zip Code Tupe1o. MS 38802-0789		\$
Tupe1o. MS 38802-0789 Name of Employer (Required)		\$
Decupation (Required)	Aggregate	\$
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	year-to-date  Date	1,000.00 Amount of each receipt
uli name	(Mo., Day, Year)	this period
Pennsylvania Life Insurance Co. of MS	08/25 /08	\$ 1,000.00
262 Idlebrook Drive		\$
Jackson, MS 39212		\$
		\$
ccupation (Required)	Aggregate year-to-date	\$ 1,000,00
Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	1,000,00 Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
egions Bank alling Address	_07/_24/_08	\$ 250.00
02 South 40th Avenue ty, State, Zip Code	'	\$
attiesburg, MS 39402  me of Employer (Required)		\$
0 20 00 00 00 00 00 00 00 00 00 00 00 00		\$
ccupation (Required)	Aggregate year-to-date	\$ 250.00

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Page _	1	_ 01	23

Reporting period January 1, 2008 through December 31, 2008

A. Source: Corporation PAC Individual Decan	Date (Mo., Day, Year)	Amount of each
Other (please specify)	(MO., Day, Year)	this period
UST Public Affairs, Inc.	08 / 15 / 08	1,000.00
Mailing Address 1800 Peachtree Street, NW Suite 550		\$
City, State, Zip Code		-
Atlanta, GA 30309		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,000,00
B. Source: ☐ Corporation ※ PAC ☐ Individual ☐ Loan	year-to-date	1,000.00
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name A T & T Mississippi PAC	07 / 25 / 08	\$ 1,000.00
Mailing Address		S
175 East Capital Street, Suite 702	'	*
City, State, Zip Code		\$
Jackson, MS 39201-2135		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,000,00
C. Source: T Corporation PAC G Individual D Loan	year-to-date	1,000.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Worthrop Gruman Corp.	<u>07 / 25 / 08</u>	1,000.00
Mailing Address		\$
840 Century Park East	-'-'-	*
City, State, Zip Code		\$
os Angeles, CA 90067-2199	—'—'—	•
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,000.00
). Source: Corporation X PAC Individual Loan	year-to-date	Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
ull name lectric Power Association of MS	07 / 31 / 08	\$ 1,000.00
lailing Address . O. Box 3300		\$
ity, State, Zip Code	, ,	<u> </u>
and geland MS 39157 sine of Employer (Required)	'	\$
ccupation (Required)		\$
echadon (Kadansa)	Aggregate year-to-date	\$ 1,000.00

Page	8		33	
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Reporting period January 1, 2008 through December 31, 2008

A Cause GA		
A. Source:      Corporation □ PAC □ Individual □ Loan		Amount of
☐ Other (please specify)	Date	Amount of each receipt
Full name	(Mo., Day, Year)	this period
L & A Contracting Co. Mailing Address	08/01/08	
P. O. Box 16749 City, State, Zip Gode		\$
1000 Particular Control Control Particular Control Con		\$
Hattiesburg, MS 39404-6749 Name of Employer (Required)	''-	•
		\$
Occupation (Required)	Aggregate	\$
B. Source:	year-to-date	1,000.00
6. Source: X Corporation   PAC   Individual   Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt
uli name		this period
Swisher International Inc.	<u>08./01./08</u>	1,000.00
2. O. Box 2230		\$
City, State, Zip Code		\$
acksonville, FL 32203-2230		a a
30-3000 - 10-1	1 1	\$
occupation (Required)		
	Aggregate year-to-date	\$ 1,000,00
Source: Corporation XC PAC Individual Loan	7001-10-0000	1,000.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
ull name		this period
ississippi Concrete Industries Assn. Inc.	08/07/08	\$
alling Address		\$ 250,00
700 Old Canton Rd., Suite K	//	\$
ty, State, Zip Code idgeland, MS 39157-1253		\$
ame of Employer (Required)		
ccupation (Required)		\$
	Aggregate year-to-date	\$ 250.00
Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan		02
☐ Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
ll name		mis period
um Creek	D8/D7/D8	\$ 250.00
O. Box 1990		\$
y, State, Zip Code		
lumbia Falls, MT 59912 me of Employer (Required)	''	5
upation (Required)	/ \$	5
cupation (Required)	Aggregate 5	
	year-to-date	250.00

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Page	- 7	of	23	

Reporting period\_January 1, 2008 through December 31, 2008

Other (please specify)	od
Coca-Cola Bottling Co.         08 / 08 / 08         250           Mailing Address         - / _ / _         \$           P. O. Box 17197         _ / _ / _         \$           City, State, Zip Code         \$         \$	
Mailing Address  P. O. Box 17197  City, State, Zip Code  \$	0.00
City, State, Zip Code	
Name of Employer (Required) \$	
Occupation (Required)	
	.00
B. Source: Corporation & PAC   Individual   Loan   Date   Amount of	-
☐ Other (please specify) (Mo., Day, Year) receipt	
Full name	
Mississippi Malt Beverage Assn. 08 /12 /08 1,000	.00
Mailing Address P. O. Box 1132	
Con State Tip Code	
Jackson, MS 39215-1132	
Name of Employer (Required)	
Occupation (Required)  Aggregate \$ year-to-date 1,000	ρĠ
C. Source: Corporation PAC Individual Loan  Other (please specify)  Other (please specify)  Date (Mo., Day, Year)  (Mo., Day, Year)	each
Full name	
Tronox Inc. 08 /26 /08 1,000	-00
Mailing Address	
P. O. Box 180	
City, State, Zip Code	
Hamilton, MS 39746 —'-'-	
Name of Employer (Required)	
Occupation (Required)  Aggregate \$ year-to-date 1.000	.00
D. Source: Corporation PAC    XIndividual    Loan    Amount of	
D. Source: Corporation PAC Mindividual Loan  Date  (Mo. Day Year)	each
D. Source: Grooration Grace DXIndividual Grace  Other (please specify)  Other (please specify)  Amount of e receipt (Mo., Day, Year)  Full name	each
D. Source: Corporation PAC XIndividual Loan  Other (please specify)  Date (Mo., Day, Year)  Full name wavrence W. Warren.  Date (Mo., Day, Year)  Date (Mo., Day, Year)  Amount of e receipt this perior	each d
D. Source: Corporation PAC XIndividual Loan Other (please specify)  Full name  awrence W. Warren.  Aggregate year-to-date 1,000  Amount of e receipt this perio	each d
D. Source: Corporation PAC Mindividual Loan  Other (please specify)  Full name  Lawrence W. Warren.  Mailing Address  D. O. Box 572  Amount of expecipt this period.  Date  (Mo., Day, Year)  Amount of expecipt this period.  Amount of expecipt this period.  1,000  Amount of expecipt this period.  1,000  Amount of expecipt this period.  Amount of expecipt this period.  Amount of expecipt this period.  D. Source: Corporation PAC Mindividual Loan  Date  (Mo., Day, Year)  1,000  Amount of expecipt this period.  D. Source: Corporation PAC DXIndividual Loan  Date  (Mo., Day, Year)  This period.  D. Source: Corporation PAC DXIndividual Loan  Date  (Mo., Day, Year)  This period.  D. Source: Corporation PAC DXIndividual Loan  Date  (Mo., Day, Year)  This period.  D. Source: Corporation PAC DXIndividual Loan  Date  (Mo., Day, Year)  This period.  D. Source: Corporation PAC DXIndividual Loan  Date  (Mo., Day, Year)  This period.  D. Source: Corporation PAC DXIndividual Loan  Date  (Mo., Day, Year)  This period.  D. Source: Corporation PAC DXIndividual PAC DXINDIVIDUAL PACE  This period.  D. Source: Corporation PAC DXIndividual PAC DXINDIVIDUAL PACE  This period.  D. Source: Corporation PAC DXIndividual PAC DXINDIVIDUAL PACE  This period.  D. Source: Corporation PAC DXINDIVIDUAL PACE  This period.  D. Source: Corporati	each d
D. Source: Corporation PAC Marren.  Date (Mo., Day, Year)  Corporation PAC Marren.  Date (Mo., Day, Year)	each d
D. Source:   Corporation   PAC   DXIndividual   Loan   Date (Mo., Day, Year)   This period is awrence W. Warren.   D8_/13_/08_ \$ 1,000      College Specify   College Specify   Date (Mo., Day, Year)   Date (Mo., Day, Year)	each d
D. Source:   Corporation   PAC	each d

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Page _		of	20
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Reporting period January 1, 2008 through December 31, 2008

# A Source: Corporation PAC Individual Loan

A Course CO	11 10	
A. Source: X Corporation PAC Individual Loan	7	
□ Other (please specify)	Date (Mo., Day, Year	Amount of each receipt
Warren Paving	<del></del>	this period
Mailing Address	08 / 13 / 08	\$ 1,000.00
P. O. Box 572		\$
City, State, Zip Code		-
Hattiesburg, MS 39403 Name of Employer (Required)		\$
Occupation (Required)		\$
D.G.	Aggregate year-to-date	\$ 1,000,00
B. Source: Corporation PAC C Individual Loan		1,000.00
□ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Mississippi Independent RX PAC Malling Address	08 / 14 / 08	1,000.00
7 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		\$
4209 Lakeland Drive, Suite 399 City, State, Zlp Code	''_	
Flowood, MS 39232	1 1	\$
Name of Employer (Required)		\$
Occupation (Required)	\_'_'_	4
	Aggregate	\$
C. Source: Corporation X PAC   Individual   Loan	year-to-date	1,000.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
uli name	<del></del>	•
he GEO Group, Inc.	08 / 25 / 08	\$ 1,000.00
ne Park Place, Suite 700, 621 N.W. 53rd Street		\$
oca Raton, FL 33487		\$
ame of Employer (Required)	1-'-'-	Ť
		\$
occupation (Required)	Aggregate	\$ 1,000,00
Source:   ☐ Corporation □ PAC □ Individual □ Loan	year-to-date	1,000.00
Other (please specify)	Date (Mo., Day, Year)	receipt this period
uname Ississippi Bail Agents Assn.	<del></del>	
alling Address	08/25/08	\$ 1,000.00
3 South President Street, Suite 111 ty, State, Zip Code		\$
ackson, MS 39201		\$
me of Employer (Required)		
Cupation (Required)		5
as an acceptance X	Aggregate 5	\$

Page	11	of	33	

Reporting period January 1, 2008 through December 31, 2008

A. Source: CXCorporation CI PAC Individual I Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Sage Advice, Inc.	08 / 26 / 08	\$ 250.00
Mailing Address		\$
4785 I-55 North, Suite 103	\//	3
City, State, Zip Code		
Jackson, MS 39206	1 1	\$
Name of Employer (Required)		
	1 1	\$
Occupation (Required)		
	Aggregate	\$ 250.00
B. Source:	year-to-date	
R S S	Date	Arnount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Niccon with America	08 / 15 / 08	\$
Nissan - Nissan NorthAmerica, Inc, Malling Address	20, 77, 00	1,000.00
	1	S
983 Nissan Drive		
City, State, Zip Code		\$
Smyrna, TN 37167-4400		Φ
Name of Employer (Required)		
	i//	\$
Occupation (Required)	4	
	Aggregate year-to-date	\$ 1,000.00
C. Source: Corporation of PAC Individual I Loan	year-to-date	1,000.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entergy Mississippi, Inc. (ENPAC)	08 / 19 / 08	\$
Mailing Address		1,000.00
P. O. Box 1640		\$
City, State, Zip Code		
Jackson, MS 39215-1640	1 1 1	\$
Name of Employer (Required)		
	, ,	\$
Occupation (Regulred)		
and and fired mised.	Aggregate	\$
D. Source: □ Corporation XI PAC □ Individual □ Loan	year-to-date	1,000.00
Source.   Corporation X PAC   Individual   Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
ull name	- (www., 54), real)	this period
ississippi Power Company State PAC	08/10/08	è
falling Address	08/19/08	\$ 1,000.00
- O. Box 4079	, ,	
ity, State, Zip Code		\$
#\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
ulfport, MS 39502-4079  ame of Employer (Required)		\$
and as embrades (vadrised)	1 ,	ė
ccupation (Regulred)		\$
benevi tiredunan)		\$
	year-to-date	1,000.00

Page 12 of	33
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# Reporting period January 1, 2008 through December 31, 2008 ITEMIZED RECEIPTS

	- 1710 td-90	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt
Full name	- (,), 1001)	uis period
Ewing Kessler Mechanical Solutions Mailing Address	_08/20_/08	1,000.00
7876 Stage Hills Blvd., Suite 104	_'_'_	\$
City, State, Zip Code Bartlett, TN 38133		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
B. Source:	year-to-date	1,000.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Advantage Capital Management Corp.	<u>081 201 08</u>	1,000.00
Wailing Address 2230 L L & E Tower, 909 Poydras Street		\$
City, State, Zip Code		
New Orleans, LA 70112		\$
		\$
occupation (Required)	Aggregate year-to-date	\$ 1,000.00
Source: OxCorporation	755.55	
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name		
wedish Match North America, Inc.	10/04/08	1,000.00
. O. Box 13297		\$
ity, State, Zip Code		
ichmond, VA 23225	//	\$
ame of Employer (Required)		\$
ccupation (Required)	Aggregate year-to-date	\$ 1,000.00
Source: R Corporation   PAC   Individual   Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt this period
	10/28/08	\$ 250.00
alling Address		
O North Congress Street, Suite 640	!!	\$
Miling Address O North Congress Street, Suite 640  y, State, Zip Code ckson, MS 39201		\$
omcast Cable  alling Address  O North Congress Street, Suite 640  Ely, State, Zip Code  ackson, MS 39201  Image of Employer (Required)  Ecupation (Required)		

Do-	13		33	
Page		of	33	

Reporting period January 1, 2008 through December 31, 2008

A Source: # Companies Companies	1715	
A Source: Corporation   PAC   Individual   Loan	Date	Amount of eac
Other (please specify)	(Mo., Day, Yea	
Check Into Cash of MS, Inc. Malling Address	<u>08 / 21 / 0</u>	
P. O. Box 550 City, State, Zip Code	''	-   \$
Cleveland, TN 37364-0550 Name of Employer (Required)		\$
Occupation (Required)		\$
B. Source: □ Corporation □ PAC 💥 Individual □ Loan	Aggregate year-to-date	\$ 1,000.00
Other (please specify)	Date (Mo., Day, Year	Amount of each
Full name Edward A. Williamson, P.A. Mailing Address	08/21/08	\$
P. O. Box 588 City, State, Zip Code		\$ 250.00
Philadelphia, MS 39350 Name of Employer (Regulad)	_''	\$
Occupation (Required)		\$
Source: Company	Aggregate year-to-date	\$ 250.00
Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
sle of Capri Casinos, Inc.	08/12/08	\$ 250.00
51 Beach Blvd.	_'_'_	\$
ame of Employer (Required)		\$
ccupation (Required)		\$
Scurce: TVComposition 2 Con	Aggregate year-to-date	\$ 250.00
□ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
sle of Capri Casinos, Inc.	08 / 19 / 08	\$ 500.00
51 Beach Blvd. by, State, Zip Code		\$
iloxi, MS 39530 me of Employer (Required)		\$
cupation (Required)	''	\$
	Aggregate year-to-date	500.00

Page _	14	of	33	
B-		CPE		

Reporting period January 1, 2008

through December 31, 2008

	-11 1 🔾	
A. Source: P Corporation PAC Individual Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year	r) receipt
Full name	<del> </del>	this period
Mississippi Road Builders Assn. Malling Address	08 / 26 / 08	1,030.00
P. O. Box 22524 City, State, Zip Code		- \$
Jackson, MS 39225-2524		S
Name of Employer (Required)		<u>-</u> L
Occupation (Required)		5
	Aggregate	\$ 1,020,00
B. Source: Corporation PAC T Individual Loan	year-to-date	1,030.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Ramel L. Cotton, PLLC Mailing Address	08/25/08	\$ 250.00
4793 McWillie Drive		\$
City, State, Zip Code		•
Jackson, MS 39206 Name of Employer (Regulred)	'	\$
	1 1	\$
Occupation (Regulred)	A =====	
ttorney	Aggregate year-to-date	\$ 250.00
C. Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
aul Richard Lambert, PLLC	08 / 25 / 08	\$ 500.00
19 Hardy Street	1 1	\$
ity, State, Žip Code		
attiesburg, MS 39401		\$
ame of Employer (Required)	, ,	\$
ccupation (Required)	'	<u></u>
ttorney	Aggregate year-to-date	\$ 500.00
Source:   Corporation PAC   Individual   Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
ommy (Tom) L. Wallace	08 / 25 / 08	\$ 250.00
Hing Address		230.00
O. Box 20073 ty, State, Zip Code	'	\$
me of Employer (Required)		\$
•	11	\$
cupation (Required)		\$ 050.00

Page _	15	of 33	
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Reporting period January 1, 2008 through December 31, 2008

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year	Amount of each receipt
Full name Glaxo Smith Kline Malling Address	08 / 28 / 08	this period
513 Cherrywood Point		\$
City, State, Zip Code Franklin, TN 37064	'	\$
Name of Employer (Required)  Occupation (Required)		\$
	Aggregate year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Decan  Other (please specify)  Full name	Date (Mo., Day, Year)	Amount of each
Entertainment Software Assn. Mailing Address	08 / 26 / 08	-
575 7th Street, NW Suite 300		\$
City, State, Zip Code Washington, DC 20004		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source:  Corporation PAC 10 Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Gene Smith Mailing Address	08 / 26 / 08	\$ 1,000.00
2212 Avanti Lane		\$
City, State, Zip Code Birmingham, AL 35226-1030		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Capitol Advocacy Group, PAC	08/26/08	\$ 1,000.00
O. Box 217	_'_'_	\$
ity, State, Zip Code ackson, MS 39205 ame of Employer (Required)	_'_'_	\$
ccupation (Required)		\$
ooshedon (vednisa)	Aggregate year-to-date	1,000.00

Page	16	of 33

Reporting period January 1, 2008 through December 31, 2008

	LIFIS	
A. Source: Corporation X PAC Individual Loan		A
□ Other (please specify)	Date (Mo., Day, Year	Amount of each receipt
Full name		this period
Health Management Associates, MS PAC Mailing Address	<u>08 / 26 / 08</u>	1,000.00
2550 Flowood Drive, Suite 402 "		\$
City, State, Zlp Code		
Flowood, MS 39232		\$
Name of Employer (Required)	_ 1 1	\$
Occupation (Required)	Aggregate	15
B Source: O Comment	year-to-date	1,000.00
B. Source: □ Corporation PAC □ Individua! □ Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Mississippi Dental PAC	09 / 09 / 08	\$ 700.00
failing Address		700.00
2630 Ridgewood Rd., Suite C	11	\$
Ity, State, Zip Code		
Jackson, MS 39216-4920		\$
ame of Employer (Required)		
	//	\$
ccupation (Required)	Aggregate	S
	year-to-date	700.00
Source:   Corporation □ PAC □ Individual □ Loan		
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
ull name		this period
nheuser - Busch Companies	09 / 25 / 08	1,000.00
06 East College Avenue, Suite 700	1 1	\$
ty, State, Zip Code		
allahassee, FL 32301	1 , ,	\$
ime of Employer (Required)		
	1 1	\$
cupation (Required)	Aggregate	\$
Source:   ☐ Corporation □ PAC □ Individual □ Loan	year-to-date	1,000.00
n b marriada b Eodii	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
tle Max Corporation	00 / 05 / 05	-
illng Address	09/25/08	\$ 500.00
81 Cobb Parkway		\$
y, State, Zip Code		
me of Employer (Required)	<u> </u>	\$
		\$
cupation (Required)	Aggregate	\$
	year-to-date	500.00

	Page	17	of	33	
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Reporting period January 1, 2008 through December 31, 2008

A. Source: G Corporation & PAC   Individual   Loan	11 13	
Other (please specify)	Date (Mo., Day, Yea	Amount of each receipt
Mississippi Manufactured Housing Assn., VPAC	09 / 29 / 0	c \$
P. O. Box 320369		\$ 500.00
City, State, Zlp Code		-
Flowood, MS 39232		\$
Name of Employer (Required)	1 ,	\$
Occupation (Required)	Aggregate	
B. Source:	year-to-date	\$ 500.00
O Other (please specify)	Date (Mo., Day, Year	Amount of each receipt
Full name Denbury Resources Mailing Address	10 / 01 / 08	this period
5100 Tennyson Parkway, Suite 1200	_'_'_	\$
Plano, TX 75024 Name of Employer (Required)		\$
	1 1	\$
Occupation (Required)	Aggregate	15
Source: Corporation X PAC   Individual   Loan	year-to-date	1,000.00
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
bbott Laboratories	<u>10 / 13 / 08</u>	\$ 500.00
708 Hilldale Drive		\$
ity, State, Zip Code	<del> </del>	
noxville, TN 37914		\$
	1 /	\$
cupation (Required)	Aggregate	\$
Source: Corporation of PAC   Individual   Loan	year-to-date	500.00
Other (please specify)  If name	Date (Mo., Day, Year)	Amount of each receipt
almart Stores (Wal-Pac)	10/ 17/ 08	\$ 500.00
D2 SW 8th Street		\$ 500.00
y. State, Zip Code entonville, AR 72716-0150		
the of Employer (Required)	-/-/-	\$
upation (Required)	//	\$
	Aggregate year-to-date	\$ 500.00

Page	18	of	33	

Reporting period January 1, 2008 through December 31, 2008

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
The Williams Companies, Inc.	<u>10/_17/08</u>	250.00
Mailing Address One Williams Center, P. O. Box 2400	1 1	\$
City, State, Zip Code		
Tulsa, OK 74102-2400	1 1	\$
Name of Employer (Required)		
and the street of the street o	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation C PAC C Individual C Loan  C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
GCORP, LLC	<u>10/ 16/08</u>	1,000.00
Mailing Address		\$
1004 County Rd. 833		•
City, State, Zlp Code		\$
Guntown, MS 38849		N.
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
C. Source: Corporation PAC X Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Albert L. Sage	10/ 16/08	\$ 250.00
Malling Address 4785 I-55 North, Suite 103		\$
City, State, Zip Code		S
Jackson, MS 39206	-'-'-	*
Name of Employer (Requirer)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: To Corporation D. PAC D. Individual D. Loan		Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Point One Strategies, LLC	10/ 16/08	\$ 250.00
P. O. Box 3015		\$
City, State, Zip Code Jackson, MS 39207-3015		\$
Name of Employer (Required)	, ,	•
		\$
Decupation (Required)	Aggregate year-to-date	\$ 250.00

Page	19	of	33	
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Reporting period January 1, 2008 through December 31, 2008

A. Source: Corporation PAC Individual Loan	Date	Amount of each	
☐ Other (please specify)	(Mo., Day, Year)	receipt this period	
IMS Engineers	10 / 16 / 08	\$ 500.00	
Malling Address 126 Amite Street	_'_'_	\$	
City, State, Zip Code Jackson, MS 39201		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 500.00	
B. Source:   Corporation □ PAC □ Individual □ Loan	Date	Amount of each	
Other (please specify)	(Mo., Day, Year)	this period	
Full name CommonWealth Brands, Inc.	10 / 16 / 08	1,000.00	
Mailing Address P. O. Box 51587		\$	
City, State, Zip Code Bowling Green, KY 42102		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00	
C. Source:   C. Source:   C. Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each	
Full name UST Public Affairs, Inc.	10/30/08	\$ 2,512.52	
Mailing Address 1800 Peachtree Street, NW Suite 550	'	\$	
City, State, Zip Code Atlanta, GA 30309	'	\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 2,512.52	
D. Source: CxCorporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Chevron Corporation	11/24/08	\$ 500.00	
Mailing Address P. O. Box 1300		ş	
City, State, Zip Code Pascagoula, MS 39568		\$	
Name of Employer (Required)	_'_'_	\$	
Occupation (Required)	Aggregate	\$	
	year-to-date	500.00	

Page	20	of	33	
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Reporting period January 1. 2008 through December 31. 2008

A Sauran Board di	-11 10	
A Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year	receipt this period
Toyota - Gulf States Toyota, Inc.	11/ 18/08	
109 N. Post Oak Lane #600 City, State, Zip Code		\$
Houston, TX 77024		\$
Name of Employer (Required)	, ,	\$
Occupation (Required)	Aggregate	\$
B. Source: ☐ Corporation ☐ PAC 🏌 Individual ☐ Loan	year-to-date	1,000.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Dr. Lynn B. McMahan Melling Address	11/ 25/ 08	\$ 2,500.00
16 Chandeleur Point		\$
City, State, Zip Code Hattiesburg, MS 39402		s
Name of Employer (Required)	, ,	s
Occupation (Required)	Aggregate	
Source: CCorporation PAC   Individual   Loan	year-to-date	2,500.00
Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Pharmaceutical Research & Manufacturons	12/08/00	\$
Belling Address 530 Lakeland Drive	12/08/08	\$ 500.00
ity, State, Zip Code	<u> -'-'-</u>	
Baton Rouge, LA 70802 ame of Employer (Required)	//	\$
AT 1530 101 142 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\$
ccupation (Required)	Aggregate	\$ 500.00
Source: Corporation QCPAC Individual Loan	year-to-date	500.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
aker Donelson Mississippi PAC	12 / 23 / 08	<b>\$</b> 500.00
268 I-55 North, Meadowbrook Office Park	'	\$
y, State, Zip Code ackson, MS 39211		5
me of Employer (Required)		
cupation (Required)	Aggregate (	
	year~to-date	500.00

	21		2011001	
Page _	<u></u>	of	33	
			_	_

Reporting period January 1, 2008 through December 31, 2008 ITEMIZED RECEIPTS

A. Source:   Corporation PAC Individual Loan	Date	Amount of eacl
Other (please specify)	(Mo., Day, Y	ear) receipt this period
CEAFT PAC Mailing Address	12 1 231	00 \$
3000 B, North State Street		
City, State, Zip Code	1_1_1	\$
Jackson, MS 39216	1_1_1	\$
Name of Employer (Required)		
Occupation (Required)	//_	\$
	Aggregate	
B. Source: XI Corporation D PAC D Individual D Local	year-to-date	
- more and Loan		Amount of each
Other (please specify)	Mo., Day, Yea	Peceipt
Full name	(Mo., Day, Tex	this period
T. L. Wallace Construction, Inc.	12 / 05/ 0	19 \$
mailing Address		1,000.00
P. O. Box 523	//	\$
City, State, Zip Code		
Columbia, MS 39429		\$
Name of Employer (Required)		-
Occupation us	1 1	\$
Occupation (Required)	<del></del>	-
C. Source: M Corporation C Bac C I To	Aggregate	\$ 1,000,00
C. Source: Corporation PAC Individual Loan	year-to-date	1,000.00
☐ Other (please specify)	Date	Amount of each
Full name	(Mo., Day, Year	receipt
MS Association For HomeCare	<del>-  </del>	this period
Malling Address	11 /19 /08	\$ 500.00
P. O. Box 1468		\$
City, State, Zip Code		*
Ridgeland, MS 39158		\$
Name of Employer (Required)		1
	1 1	\$
Occupation (Required)		
D. Source:     Corporation   PAC   Individual	Aggregate	\$
D. Source: ☐ Corporation ☐ PAC 🙀 Individual ☐ Loan	year-to-date	500.00
□ Other (please specify)	Date	Amount of each
ull name	(Mo., Day, Year)	receipt
Brian Cooper .	12 . 17 . 22	this period
ailing Address	12 / 17 / 08	\$ 500.00
916 Lily Creek Resort Rd.		
rry, State, Zip Code	''	\$
Jamestown, KY 42629	. , ,	•
ame of Employer (Required)		\$
cupation (Required)		\$
( advice)	Annual	
	Aggregate year-to-date	\$ 500.00

			29	
Page	22	of	33	

Reporting period January 1, 2008 through December 31, 2008

	- II I O	
A. Source: CCorporation PAC Individual Loan	T 24	Amount of each
Other (please specify)	Date (Mo., Day, Yea	receipt
		this period
A & A Tupelo, Inc.	12/11/08	1,000.00
120 East Franklin Street		\$
Clty, State, Zip Code		
Tupelo, MS 38804 Name of Employer (Required)	//_	\$
name of Employer (Required)	_ / /	\$
Occupation (Required)		-
B. Source: MCorporation PAC   Individual   Loan	Aggregate year-to-date	\$ 1,000.00
B. Source: A Corporation PAC   Individual   Loan	D. C.	Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt
Tyson Foods		this period
Melling Address	12/17/08	500.00
P. O. Box 2020		\$
City, State, Zip Code		
Springdale, Arkansas 72765-2020	1 1	\$
Name of Employer (Required)		
Occupation (Required)	//	\$
	Aggregate	\$
C. Source: ▼ Corporation □ PAC □ Individual □ Loan	year-to-date	500.00
c. source. X Corporation    PAC    Individual    Loan		Amount of each
☐ Other (please specify)	Date (Mo., Day, Year)	receipt
ull name		this period
Monsanto Company	12/17/08	\$
1300 I (Eye) Street, NW Suite 450 East		500.00
ity, State, Zip Code	//	•
Washington, DC 20005-7211		\$
ame of Employer (Required)		
ccupation (Required)	//	5
	Aggregate	\$
Source: Corporation C PAC   Individual   Loan	year-to-date	500.00
Other (please specify)	Date	Amount of each
Il name	(Mo., Day, Year)	recelpt this period
Motorola, Inc.	11 / 14 / 08	-
iling Address	11/14/00	\$ 500.00
7. 0. Box 68429 y, State, Zip Code	'	\$
Schaumburg, IL 60168		
me of Employer (Required)		\$
cupation (Required)		\$
copación (Kedunad)		\$
	year-to-date	500.00

Page	23	cf	33	

Reporting period January 1, 2008 through December 31, 2008

Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
State-Wide General Insurance	07/ 10/08	\$ 250.00
Mailing Address 3073 Lynch Street		\$
City, State, Zip Code  Jackson, MS 39209		\$
Name of Employer (Required)		S
Occupation (Required)	Aggregate	S
B. Source:   Corporation PAC   Individual   Loan  Other (please specify)  Full name	year-to-date  Date (Mo., Day, Year)	250.00 Amount of each receipt this period
Warren Hood Malling Address	10/ 26/ 08	\$ 15,000.00
3900 Jamestown Road		\$
Hattiesburg, MS 39402		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 15,000,00
Source: Corporation PAC   Individual   Loan	Jen. 10-date	15,000.00
☐ Other (please specify)ull name	(Mo., Day, Year)	Amount of each receipt this period
ull name		receipt
uli name		receipt this period \$
ill name lalling Address ity, State, Zip Code		receipt this period
alling Address ity, State, Zip Code	(Mo., Day, Year) //////	receipt this period \$ \$
ity, State, Zip Code ame of Employer (Required) ccupation (Required)	(Mo., Day, Year) //////	receipt this period \$ \$
Allling Address  ity, State, Zip Code  iame of Employer (Required)  ccupation (Required)  Source:  Corporation   PAC   Individual   Loan	(Mo., Day, Year) //////////	receipt this period  \$ \$ \$  Amount of each receipt
Allling Address  ity, State, Zip Code  iame of Employer (Required)  ccupation (Required)  Source:  Corporation   PAC   Individual   Loan	(Mo., Day, Year) ////// Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ \$ \$  Amount of each receipt this period
Alling Address  City, State, Zip Code  Coupation (Required)  Coupation (Required)  Source: Corporation PAC Individual Disconnum  Other (please specify)  Ull name	(Mo., Day, Year) ////////	receipt this period  \$ \$ \$ \$ Amount of each receipt this period  \$
Alling Address  Dity, State, Zip Code  Disme of Employer (Required)  Coupation (Required)  Discource: Corporation PAC Individual Discource  Other (please specify)  Ull name  alling Address  ty, State, Zip Code	(Mo., Day, Year) //////// Aggregate year-to-date  Date (Mo., Day, Year) //	receipt this period  \$ \$ \$ \$  Amount of each receipt this period  \$
Alling Address  City, State, Zip Code  Coupation (Required)  Coupation (Required)  Source: Corporation PAC Individual Disconnum  Other (please specify)  Ull name	(Mo., Day, Year) //////// Aggregate year-to-date  Date (Mo., Day, Year) //	receipt this period  \$ \$ \$  Amount of each receipt this period  \$

_	24		33	
Page	Z 144	of	33	

Reporting period January 1, 2008

through December 31, 2008

Percy W. Watson	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
P. O. Box 1767 City, State, Zip Code	01 / 04 / 08	500.00
Contraction of American Action (Action Contraction)	, ,	\$
Hattiesburg, MS 39403-1767 Purpose of Disburgement (Optional)		
	Aggregate	S
Reimburgement Adrian Wooten Campaign B. Full name	Year-to-date	500.00
	Date	Amount of each
Miss Mississippi Business Manager Mailing Address	(Mo., Day, Year)	disbursement this period
P. O. Box 742	01 /03 / 08	\$
City, State, Zip Code	01 / 03 / 08	300.00
Vicksburg, MS 39181		S
Purpose of Disbursement (Optional)		
Ms. Kim Morgan/2007 Appreciation Gala	Aggregate	S
C. Full name	Year-to-date	300.00
Melba L. Houze	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	03 00 00	S
3003 Mesa Drive	01 , 08 , 08	300.00
City, State, Zip Code		\$
Hattiesburg, MS 39401	-'-'-	4
Purpose of Disbursement (Optional)	Aggregate	5
Appreciation Gala 2007 / Services	Year-to-date	300.00
D. Full name	Date	
Percy W. Watson	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
P. O. Box 1767	01 / 11 / 08	451.21
City, State, Zip Code		\$
Hattiesburg, MS 39403-1767	—'—'—	
Purpose of Disbursement (Optional)	Aggregate	S
Reimbursements/2007 Appreciation GAla	Year-to-date	451.21
E. Full name	Date	
Hattiesburg Lake Terrace Convention Center	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
One Convention Center Plaza	01 / 25 / 08	6,104.10
City, State, Zip Code		S
Hattiesburg, MS 39402	_'_'_	<u></u>
Purpose of Disbursement (Optional)	Aggregate	\$
Appreciation Gala 2007	Year-to-date	6,104.10
F. Full name		
Melba L. Houzen	Date (Mo., Day, Year)	Amount of each discursement this period
Mailing Address		· · · · · · · · · · · · · · · · · · ·
3003 Mesa Drive	07 / 11 / 08	\$ 350.00
City, State, Zip Code		
Hattiesburg, MS 39401	//	\$
Purpose of Disbursement (Optional)		P 1
Services for 2008 Golf Tournament	Aggregate	\$

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Page _	2.5	of	23	

Reporting period January 1, 2008 through December 31, 2008

A Full name Mississippi Diabetes Association	Date	Amount of each
Malling Address	(Mo., Day, Year	disbursement this period
800 Avery Blvd., Suite 100	07 / 11 / 08	S
City, State, Zip Code		300.00
_Ridgeland, MS 39157		\$
Purpose of Disbursement (Optional)		
Diabetes Golf Tournament	Aggregate	\$
B. Full name	Year-to-date	300.00
Bourne Brothers Printing	Date	Amount of each
Mailing Address	(Mo., Day, Year)	
5276 Highway 42	07 / 24 / 08	S
City, State, Zip Code		248.24
Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional)		<u>i                                     </u>
Printing for Golf Tournament	Aggregate	S
C. Full name	Year-to-date	248.24
Reserve Account - Postage By Phone	Date	Amount of each
Malling Address	(Mo., Day, Year)	disbursement this period
P. O. Box 856056	07 ( 31 / 00	\$
City, State, Zip Code	<u>07 / 31 / 0</u> 8	600.00
Louisville, KY 40285-6056	, ,	\$
Purpose of Disbursement (Optional)		
50 W	Aggregate	S
Postage for Golf Tournament 2008 D. Full name	Year-to-date	600.00
	Date	Amount of each
Ebenezer Baptist Church Mailing Address	(Mo., Day, Year)	disbursement this period
900 East 8th Street	08 , 02 , 09	S
City, State, Zip Code	08/_02/_08	500.00
Hattiesburg, MS 39401	, ,	\$
Purpose of Disbursement (Optional)		
	Aggregate	\$
Donation E. Full name	Year-to-date	500.00
	Date	Amount of each
Johnny DuPree Campaign	(Mo., Day, Year)	disbursement this period
P. O. Box 1898		S
City, State, Zip Code	<u>08</u> / <u>14</u> / <u>0</u> 8	500.00
		\$
Hattiesburg, MS 39403 Purpose of Disburgement (Optional)		-
	Aggregate	\$
Campaign Donation	Year-to-date	500.00
Melba L. Houze	Date	
	(Mo., Day, Year)	Amount of each disbursement this period
Alling Address 3003 Mesa Drive		
	08/_22/_08	\$ 350.00
Hotti anhuma ME 20/01		
Hattiesburg, MS 39401	//	\$
Purpose of Disbursement (Optional)	A	6
Golf Tournament	Aggregate Year-to-date	350.00

Page	26	οŕ	33	
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Reporting period January 1, 2008 through December 31, 2008

Jackie Dedeaux Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
18326 Robinwood East Drive	08 / 25 / 08	
City, State, Zip Code	00/25/00	250.00
Saucier, MS 39574		\$
Purpose of Disbursement (Optional)		
2008 Golf Tournament	Aggregate	\$
B. Full name	Year-to-date	250.00
Randall Williams	Date	Amount of each
Malling Address	(Mo., Day, Year)	
P, O. Box 1512	<u>08</u> / <u>26</u> / <u>08</u>	\$
City, State, Zip Code		240.00
Hattiesburg, MS 39403	//_	\$
Purpose of Disbursement (Optional)		
Photographer for 2008 Golf Tournament	Aggregate Year-to-date	\$
C. Full name	rear-to-date	240.00
Wilhemina Banks	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
P. O. Box 1295	08/ 27/ 08	S
City, State, Zip Code	<u> </u>	350.00
Hattiesburg, MS 39403		5
Purpose of Disbursement (Optional)		
2008 Golf Tournament	Aggregate Year-to-date	S
D. Full name		350.00
Melba L. Houze	Date (Mo., Day, Year)	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
3003 Mesa Drive	<u>08/_29/_08</u>	\$
City, State, Zlp Code		750.00
Hattiesburg, MS 39401	//	5
Purpose of Disbursement (Optional)		
2008 Golf Tournament	Aggregate	\$ .
E. Full name	Year-to-date	750.00
Bourne Brothers Printing	Date	Amount of each
Malling Address	(Mo., Day, Year)	disbursement this period
5276 Highway 42	<u>.09/03/08</u>	\$
City, State, Zip Code		267.51
Hartiesburg, MS 39401	//	\$
Purpose of Disbursement (Optional)	<del>                                     </del>	
Printing for Golf Tournament 2008		\$
. Full name	Year-to-date	267.51
The University of Southern Mississippi Foundation	Date	Amount of each
naming Address	(Mo., Day, Year)	disbursement this period
118 College Drive, #10026	09/04/08	\$
City, State, Zip Code		300.00
Hattiesburg, MS 39406-0001		
urpose of Disbursement (Optional)		
Donation	Aggregate	S
	Year-to-date	300.00

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Page	27	of	33	
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Reporting period January 1, 2008 through December 31, 2008

A. Full name	Dete	
Noot Walker Tournament	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
112 St. Andrews	<u>09 / 05 / 08</u>	300.00
City, State, Zip Code		S
Hattiesburg, MS 39401	_'_'_	3"
Purpose of Disbursement (Optional)	Aggregate	S
Boot Walker Golf Tournament 2008	Year-to-date	300.00
B. Full name	Date	
Marshall Bell	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(100,00), (200)	
112 St. Andrews	<u>09</u> / <u>03</u> /_08	1 000 00
City, State, Zip Code		1,000.00
Hattiesburg, MS 39401	1/_/	S
Purpose of Disbursement (Optional)		
Services for PWW 2008 Golf Tournament	Aggregate Year-to-date	1 000 00
C. Full name	rear-to-date	1,000.00
Bourne Brothers Printing	Date	Amount of each
Malling Address	(Mo., Day, Year)	disbursement this period
5276 Highway 42	<u>09/_05/_08</u>	S
City, State, Zip Code		235.00
Hattiesburg, MS 39401	1 /	\$
Purpose of Disbursement (Optional)		
Campaign Letterhead (Stationary)	Aggregate	\$
D. Full name	Year-to-date	235.00
Percy W. Watson	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
P. O. Box 1767	09, 08, 08	\$
City, State, Zip Code		350.00
Hattiesburg, MS 39403-1767	, ,	3
Purpose of Disbursement (Optional)		
Golf Tournament 2008 Reimbursement	Aggregate	\$
E. Full name	Year-to-date	350.00
Front Porch Restaurant	Date	Amount of each
Malling Address	(Mo., Day, Year)	disbursement this period
205 Thornhill Drive	00, 22 , 00	3
City, State, Zip Code	<u>09</u> / <u>22</u> / <u>08</u>	300.00
	, ,	S
Hattiesburg, MS 39401	''	
Purpose of Disbursement (Optional)	Aggregate	\$
Ebenezer Baptist Church Sponsor	Year-to-date	300.00
. Full name	Date	Amount of each
Friends of Bennie Thompson	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
P. O. Box 100	<u>09/ 30 / 08</u>	500.00
Ity, State, Zip Code		\$
Bolton, MS 39041	—' <u>—</u> '	w <sub>i</sub>
urpose of Disbursement (Optional)	A	\$
Campaign Donation	Aggregate Year-to-date	500.00

Page28 of33
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Reporting period January 1, 2008

through December 31, 2008

A. Full name		. •
Committee To Elect Jim Kitchens Mailing Address	Date (Mo., Day, Yea	Amount of each disburgement this perio
P. O. Box 368	<u>.10 / 10/ 08</u>	\$
City, State, Zip Code		1,000.00
Brandon, MS 39043	//	5
Purpose of Disbursement (Optional)		
Campaign Donation  B. Full name	Aggregate Year-to-date	1,000.00
Vardaman Buick Honda	Date	
Malling Address	(Mo., Day, Year	Amount of each disbursement this period
802 Broadway Drive		- Tomain and perior
City, State, Zip Code	<u>10</u> / <u>24</u> / <u>08</u>	630.00
Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional)	/ /	13
	Annual	
Hole-In-One / 2008 Golf Tournament	Aggregate Year-to-date	\$ 630.00
		630.00
Melba Houze Mailing Address	Date (Mo., Day, Year)	Amount of each
	(Inc., Day, Tear,	The time period
3003 Mesa Drive	10/ 24/ 08	\$
		300.00
Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional)		
Breakfast Fundraiser	Aggregate Year-to-date	\$ 200.00
		300.00
Canebrake Country Club Mailing Address	(Mo., Day, Year)	Amount of each
05 05 CM (180 CM)	(moi, zay, Teal)	disbursement this period
1 Cane Drive	10/29/08	S
City, State, Zip Code		4,260.10
Hattiesburg, MS 39402	//	\$
Purpose of Disbursement (Optional)		
Golf Tournament 2008	Aggregate Year-to-date	\$
		4,260.10
Sonny Herron Homegoing	(Mo., Day, Year)	Amount of each
Mailing Address		disbursement this period
City On the Control of the Control o	<u>10/31/08</u>	\$
City, State, Zip Code		500.00
Tylertown, MS 39667		\$
Purpose of Disbursement (Optional)		
Sonny Herron Benevolence	Aggregate Year-to-date	\$
F. Full name		500.00
Yolanda McCree	Date (Mrs. Day, Year)	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
P. O. Box 21	<u>11</u> / <u>20</u> / <u>08</u>	\$
City, State, Zip Code		250.00
Hattiesburg, MS 39403		\$
Purpose of Disbursement (Optional)		The state of the s
Appreciation Gala 2007	Aggregate	\$
	Year-to-date	250.00

	29		33
Page		of	دد

Reporting period \_\_Ianuary 1 . 2008 \_\_\_\_\_ through \_December 31 , 2008 \_\_\_\_\_

A. Full name		•
Brenda Williams Malling Address	Date (Mo., Day, Year	Amount of each disbursement this period
718A Grace Avenue	11/20/ <u>08</u>	\$ 250.00
Hattiesburg, MS 39401 Purpose of Disbursement (Optional)	_/_/_	S
Appreciation Gala 2007	Aggregate Year-to-date	\$ 250.00
Zapp Band Mailing Address	Date (Mo., Day, Year)	Amount of each
City, State, Zip Code	11/21 / 08	7,500.00
Hamilton, Ohio 45011 Purpose of Disbursement (Optional)	'	S
Deposit for Entertainment	Aggregate Year-to-date	\$ 7,500.00
Melba Houze Malling Address	(Mo., Day, Year)	Amount of each disbursement this period
3003 Mesa Drive Chy, State, Zip Code	11/25/08	400.00
Hattiesburg, MS 39401 Purpose of Disbursement (Optional)		\$
Appreciation Gala Reimbursement	Aggregate Year-to-date	\$ 400.00
Omega Psi Phi Mailing Address	(Mo., Day, Year)	Amount of each disbursement this period
P, O. Box 17557 City, State, Zip Code	<u>11, 17, 08</u>	\$ 250.00
Hattiesburg, MS 39404 Purpose of Disbursement (Optional)		\$
Fraternity Dues	Aggregate Year-to-date	\$ 250.00
Johnnie McGee Malling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	<u>12/03/08</u>	\$ 1,250.00
Purpose of Disbursement (Optional)	''	5
S & L Appreciation Gala	Aggregate Year-to-date	1,250.00
Ebenezer Baptist Church Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
900 East 8th Street City, State, Zip Code	<u>12/07/08</u>	\$ 325.00
Hattiesburg, MS 39401 Purpose of Disbursement (Optional)		5
Donation	Aggregate Year-to-date	\$ 325.00

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Page		of	20	

Reporting period January 1, 2008

through December 31, 2008

A. Full name		
Harrison Paraphernalia Malling Address	Date (Mo., Day, Year	Amount of each disbursement this period
1232 Five Chop Road	12/11 / 08	S
City, State, Zip Code		1,172.00
Orangeburg, SC 29115		\$
Purpose of Disbursement (Optional)		
Souvenir Items for 2008 Gala	Aggregate Year-to-date	\$
8. Full name		1,172.88
Bourne Brothers Printing	(Mo., Day, Year)	Amount of each
Malling Address	(INO., Day, Year)	The time puriou
5276 Highway 42	12/23/08	\$
City, State, Zip Code		691.22
Hattiesburg, MS 39401	_/ /	S
Purpose of Disbursement (Optional)		
Stationary Invitations for 2008 Gala	Aggregate	S
C. Full name	Year-to-date	691.22
Zapp Band	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
	12/10 / 00	\$
City, State, Zip Code	12/19/08	8,750.00
Hamilton, Ohio 45011		5
Purpose of Disbursement (Optional)		
Entertainment (Band, Sound & Lights)	Aggregate	s
D. Full name	Year-to-date	8,750.00
Sam L. Buchanan	Date	
Malling Address	(Mo., Day, Year)	Amount of each disbursement this period
5 V(2)		\$
1205 Windsor Drive	<u>12/19/08</u>	500.00
City, State, Zip Code		\$
Hattiesburg, MS 39402	//	<b>ૐ</b>
Purpose of Disbursement (Optional)		
Honorarium / Gala 2008	Aggregate Year-to-date	\$
E. Full name		500.00
Melba L. Houze	(Mo., Day, Year)	Amount of each
Mailing Address		disbursement this period
P. O. Box 1767	12/19/08	\$
City, State, Zip Code		300.00
Hattiesburg, MS 39403		s
Purpose of Disbursement (Optional)		
Expenses/Appreciation Gala 2008	Aggregate	\$
F. Full name	Year-to-date	300.00
Microtel Inn & Suites	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
105 Westover Drive	12 / 21 / 00	\$
City, State, Zip Code	12/21/08	490.00
Hattiesburg, MS 39402		\$
Purpose of Disbursement (Optional)	'	
Hotel Accommodations/Appreciation Gala	Aggregate	\$
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Page	31		33	
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Reporting period January 1, 2008 through December 31, 2008

Yolanda McCree	Date (Mo., Day, Year)	Amount of each disbursement this perio
Malling Address P. O. Box 21	1.2 / 23/08	5 500.00
City, State, Zip Code Hattiesburg, MS 39403		\$
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ 500.00
B. Full name	Date	500.00
Brenda Williams	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
718A Grace Avenue City, State, Zip Code	12/ 23/ 08	500.00
Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	500.00
C. Full name	Date	Amount of each
Melba L. Houze	(Mo., Day, Year)	disbursement this period
Mailing Address 3003 Mesa Drive		\$
City, State, Zip Code	12/23/08	500.00
Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional)		
(Opinolis)	Aggregate	\$
D. Full name	Year-to-date	500.00
Kym Garraway	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
6555 U. S. Highway 98	<u>12/23/08</u>	\$
ity, State, Zip Code		850.00
Hattiesburg, MS 39402	//	\$
urpose of Disbursement (Optional)	Agamandi	\$
Appreciation Gala Portrait	Aggregate Year-to-date	850.00
. Full name	Date	Amount of each
R Jones & Associates	(Mo., Day, Year)	disbursement this period
113 Hinton Drive	12/23/09	S
ity, State, Zip Code	<u>12/23/08</u>	492.00
Hattiesburg, MS 39401		\$
urpose of Disbursement (Optional)		
Transportation / Appreciation Gala 2008	Aggregate	5
Full name	Year-to-date	492.00
John W. McCullum	(Mo., Day, Year)	Amount of each disbursement this period
Ailing Address		\$
17 C R 52822	<u>12/23/08</u>	650.00
lty. State, Zip Code		\$
Heidelberg, MS 39439		
urpose of Disbursement (Optional)	Aggregate	\$
Photographer/Appreciation Gala 2008	Year-to-date	650.00

-	32		33	
Page		of	33	

Reporting period January 1, 2008 through December 31, 2008

A Full name		
Wilhemina Banks	Date (Mo., Day, Year	Amount of each
Mailing Address	(Mo., Day, Tear	
P. O. Box 1295 City, State, Zip Code	12 / 24 / 08	300.00
Hattiesburg, MS 39403		S
Purpose of Disbursement (Optional)		
Appreciation Gala 2008	Aggregate	S
B. Full name	Year-to-date	300.00
/	Date	The state of the s
Wal-Mart Supercenter Mailing Address	(Mo., Day, Year)	Amount of each disbursement this period
5901 Highway 49 South	<u>12 / 20/ 08</u>	S
City, State, Zip Code		2/3.00
Hattiesburg, MS 39401	[//_	\$
Purpose of Disbursement (Optional)		
2 Bicycles for Appreciation Gala	Aggregate	\$
C. Full name	Year-to-date	275.00
Missississi U D	Date	Amount of each
Mississippi House Democractic Leadership Pack	(Mo., Day, Year)	disbursement this period
	10 . 01 . 02	S
City, State, Zip Code	12/31/08	2,500.00
		\$
Jackson, MS 39206		1 *
Purpose of Disburgement (Optional)	A	
Donation	Aggregate Year-to-date	\$
D. Full name		2,500.00
Melba Houze	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
3003 Mesa Drive	19 / 27 / 00	\$
City, State, Zip Code	12/_31/_08	250.00
Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional)	-'-'-	
	Aggregate	\$
Reimbursement for Services	Year-to-date	250.00
Melba L. Houze	(Mo., Day, Year)	Amount of each
Mailing Address		disbursement this period
3003 Mesa Drive	<u>11/04</u> / 08	S
City, State, Zip Code		250.00
Hattiesburg, MS 39401	1 1	S
Purpose of Disbursement (Optional)		
Reimbursement 2008 Gala		S
. Full name	Year-to-date	250.00
Bourne Brothers Printing	Date	Amount of each
Malling Address	(Mo., Day, Year)	disbursement this period
		\$
5276 Highway 42	11/04/08	
ity, State, Zip Code		274.99
Hattiesburg, MS 39401	'/	\$
urpose of Disbursement (Optional)		
Stationary Printing for 2008 Gala		\$
	Year-to-date	274.99

Page	33	of	33

Reporting period January 1, 2008 through December 31, 2008

A. Full name		
Brenda Williams	Date (Mo., Day, Year	Amount of each
Mailing Address	(mo., bay, rear	
718A Grace Avenue City, State, Zip Code	11 / 04 / 08	300.00
		S
Hattiesburg, MS 39401 Purpose of Disbursement (Optional)		
Appreciation Gala 2008	Aggregate	\$
B. Full name	Year-to-date	300.00
Melba L. Houze	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
3003 Mesa Drive	11 / 07 / 08	S
City, State, Zip Code	3.3.7.00	300.00
Hattiesburg, MS 39401		\$
Purpose of Disbursement (Optional)		
Reimbursement/Appreciation Gala	Aggregate	\$
C. Full name	Year-to-date	300.00
Reserve Account	Date (Mo., Day, Year)	Amount of each
Mailing Address	(WO., Day, Tear)	disbursement this period
P. O. Box 856056	11/10/08	\$ 800.00
City, State, Zip Code		\$
Louisville, KY 40285-6056	'	
Purpose of Disbursement (Optional)	Aggregate	s
U. S. Postage D. Full page	Year-to-date	800.00
Hollie Hooker	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
Rt. 2, Box 113-A	11, 20, 08	S
City, State, Zip Code	,	300.00
Prentiss, MS 39474	1 1	S
Purpose of Disbursement (Optional)		20 1011
Benevolence	Aggregate	\$
E. Full name	Year-to-date	300.00
Diane Whigham	(Mo., Day, Year)	Amount of each
Mailing Address	(Mo., Day, Tear)	disbursement this period
605 Cypress Avenue	<u>05 / 05 / 08</u>	\$ 500.00
City, State, Zlp Code		\$
Hattiesburg, MS 39401		•
Purpose of Disbursement (Optional)	Aggregate	\$
Benevolence F. Full name	Year-to-date	500.00
	Date	Amount of each
McCormick & Schwick's Mailing Address	(Mo., Day, Year)	disbursement this period
2250 Crystal Drive	05, 26, 00	\$
City, State, Zip Code	<u>05 / 26/ 08</u>	626.00
Arlington, VA 22202	, ,	S
Purpose of Disbursement (Optional)		
· · · · · · · · · · · · · · · · · · ·		S
	Year-to-date	626.00